



# ACADEMY MEMBERSHIP CONTRACT

Skater's Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

ZIP Code: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Parent /Guardian Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## Membership Terms and Conditions

\_\_\_\_ **Missed Lessons:** Students may only attend the class in which they are registered. There are **NO** make-ups or reimbursements for missed lessons. If a student will be missing lessons due to injury or medical condition, a doctor's note will be required for make-ups, reimbursement, and/or credit. Should the member need to place their account on hold for any reason other than injury or medical necessity, a hold will be permitted for a minimum of **30** days and a maximum of **90** days. A **\$25.00** account hold fee will be assessed at the time of the request. After your hold is completed your scheduled billing cycle will resume.

\_\_\_\_ **Cancellations:** This membership may be canceled with a written notice delivered to the Box Office in person. All cancellation requests require a minimum of **30** days notice and must be turned in by the **1<sup>st</sup>** of the month to take effect the following month. **In the month of December, there are two events; however, there are months in the year that have five events. For this reason, memberships may not be canceled in the month of December. Monthly dues remain the same regardless of the number of events in that month; no additional charges are made when an additional event occurs within a month.**

\_\_\_\_ **Learn to Skate USA Membership Fee (Skating Academy Only):** All students enrolled in Skating Academy (**with the exception of those taking a hockey class**) must have a valid US Figure Skating Association Learn to Skate USA membership. Students will be required to register directly with the US Figure Skating Association and will need to present confirmation of their membership upon registration and prior to the first class attended. Prices vary based on age. Memberships must be **renewed annually**. Please see [www.learntoskateusa.com](http://www.learntoskateusa.com) for registration and details. Students without a valid Learn to Skate USA membership will **NOT** be permitted to attend class, **NO EXCEPTIONS**.

\_\_\_\_ **USA Hockey Membership Fee (Hockey/Goalie Academy & Hockey Fundamentals Classes Only):** All students enrolled in Hockey/Goalie Academy or taking a hockey class in the Skating Academy must have a valid USA Hockey membership. Students will be required to register directly with USA Hockey and will need to present confirmation of their membership upon registration and prior to the first class attended. Prices vary based on age and location. Memberships must be **renewed annually**. Students without a valid USA Hockey membership will **NOT** be permitted to attend class, **NO EXCEPTIONS**. Please see [usahockey.com](http://usahockey.com) for registration and details.

\_\_\_\_ **Payments:** Members are required to use either a credit or debit card that is to be left on file for billing purposes.

**EFT (Electronic Funds Transfer) on the 1<sup>st</sup>:** The monthly payment will be deducted from the credit or debit card provided on the **1<sup>st</sup>** of the month. If the transaction is declined, the account will be suspended and the Member will not be allowed to check-in for classes or public sessions until the payment is made.

(Members are responsible for notifying their bank of any error that appears on their bank or credit card statement in a timely manner. Members must notify IceTown within 60 days of a claimed EFT error on their bank or credit card statement. If a member claims that their EFT was not ended after a cancellation request, written proof of cancellation request is required for reimbursement. If a member's EFT ends for any reason, the membership may be immediately suspended at IceTown's election without notice.)

\_\_\_\_ **Advertising Material:** ICETOWN, Inc. has the right to use, for advertising and promotional material, all photographs and or videos taken of myself and my child at the IceTown facility.

\_\_\_\_ **Scheduled Breaks:** Billing Cycle is based off **48** weeks. The following weeks are scheduled academy breaks. Please put these dates in your calendar.

- Fourth of July Week
- Thanksgiving Week
- Christmas Week
- New Years Week

**I have read and agree to the terms and conditions of this agreement.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Print Name:** \_\_\_\_\_ **Relationship to skater:** \_\_\_\_\_



## Waiver and Release of Liability, Assumption of Risk and Indemnity Agreement

In consideration of my participation in any Learn to Skate USA or Icetown related activity, I acknowledge that I understand the nature of the activity and that I, and/or my minor child, am qualified, in good health, and in proper physical condition to participate in such activity. I acknowledge that if conditions are unsafe, I, and/or my minor child, will immediately discontinue participation in the activity.

I fully understand that skating involves risks of serious bodily injury, including permanent disability, paralysis, and death, and that these other risks may be caused by my own actions, or inactions, those of others participating in the event, the conditions in which the event takes place, or the negligence of the Releases named below; and that there may be other risks either not known to me or not foreseen at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the activity.

I hereby release, discharge, and covenant not to sue Icetown, Learn to Skate USA, its Member Clubs and Programs, their respective administrators, directors, agents, officers, volunteers, and employees, and any sponsor and advertisers of any sanctioned event in which I participate (each considered one of the Releases herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the Releases. This release waiver of liability and express assumption of risk agreement does not apply to any liability, claims, demands, losses, or damages arising out of the gross negligence of, or intentional, willful, or wanton misconduct of Releases. If I, or anyone on my and/or my minor child's behalf, makes a claim, I agree I will indemnify, defend, save, and hold harmless each of the Releases from any loss, liability, damage, or cost which any may incur as the result of such claim.

I acknowledge that I have read this release, waiver of liability and express assumption of risk agreement and fully understand it. Please enter all participants' names below and have the parent/guardian sign for all minors under the age of 18 years old.

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Participant Name

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Date

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Participant Name

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Date

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Participant Name

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Date

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Participant Name

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Date

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Parent/Legal Guardian Signature if under 18

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Date



## Concussion Protocol Parent/Guardian Acknowledgement Form

Athlete Name: \_\_\_\_\_

Program: \_\_\_\_\_ Skating Level: \_\_\_\_\_

1. I understand that Icetown has adopted concussion-related education, awareness and protocol into their policies and procedures.
2. I understand the following guidelines and protocol exist, and will respect them if they must be instituted with the above-named athlete:
  - a. An athlete who is suspected of sustaining a concussion or head injury shall be immediately removed from participation for the remainder of the day. Removal can be at the request of a Coach, Skating Director, parent/guardian, or the athlete.
  - b. Athlete shall not be permitted to return to participation until he/she is evaluated and released by a medical professional trained in the management of concussions with one of the following medical license designations: MD, DO, Neurologist, Neuropsychologist.
  - c. The athlete shall not be permitted to return to participation until he or she provides the approved and completed Concussion Release form to its member program (Coach, or Box Office).
3. Should it be determined that above-named athlete needs to be removed from participation, I/we understand that the protocol outlined herein must and will be followed for the safety of the athlete.
4. I/we understand that if a suspected concussion has occurred and protocol has been enacted for the above-named athlete, there is no review period or negotiation as to the course of action and return to participation outside of the recommendations of the evaluating medical professional who has been selected to treat the athlete.
5. I/we understand that if I/we suspect the above-named athlete has experienced a concussion or exhibits behavior that suggests concussion-like symptoms, I/we have the authority to remove the athlete from participation and begin the concussion protocol with a medical professional of my/our selection who meets the criteria of an acceptable evaluator.

By the signature/s below, I/we acknowledge responsibility for the above-named athlete in the current programs, and agree to all the information stated herein.

Athlete Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/ Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Academy Billing Contract

Check One: ☐ Skating Academy ☐ Hockey Academy ☐ Goalie Academy

Name: \_\_\_\_\_

## Class Information:

1. Class: \_\_\_\_\_  
Day: \_\_\_\_\_ Time: \_\_\_\_\_
2. Class: \_\_\_\_\_  
Day: \_\_\_\_\_ Time: \_\_\_\_\_
3. Class: \_\_\_\_\_  
Day: \_\_\_\_\_ Time: \_\_\_\_\_
4. Class: \_\_\_\_\_  
Day: \_\_\_\_\_ Time: \_\_\_\_\_
5. Class: \_\_\_\_\_  
Day: \_\_\_\_\_ Time: \_\_\_\_\_

## Skating Academy Monthly Fee:

- ☐ **Bronze Package** (1 class/week): **\$89.00**
- ☐ **Silver Package** (2 classes/week): **\$119.00**
- ☐ **Gold Package** (3 classes/week): **\$149.00**  
*Add additional classes for only \$30 per month each!*
- ☐ **Accelerated Package (1 class/week)** **\$129.00**
- ☐ **Accelerated Package (2 classes/week)** **\$159.00**
- ☐ **Accelerated Package (3 classes/week)** **\$189.00**  
*\*Accelerated Package Includes: 1 hour Freestyle practice time.  
Must be done same day as class.*
- ☐ **Mommy/Daddy & Me**(1 class/week) **\$119.00**

## Hockey/Goalie Academy Monthly Fee:

- ☐ **Hockey/Goalie Academy: \$119.00**  
*Add Hockey Fundamentals for only \$60 per month!*
- ☐ **+ Hockey Fundamentals: \$179.00**

## Payment Contract

(Choose one of the following billing options)

### Credit/Debit Card

☐ Visa ☐ MasterCard ☐ Amex ☐ Discover

Cardholder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

CCV: \_\_\_\_\_

☐ **EFT on the 1st**

I authorize ICETOWN to charge the billing method supplied above for the following amount:

\$ \_\_\_\_\_

On the 1st of the month. I acknowledge that I am responsible for all service fees if my payment method is declined or cannot be charged.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Print Name: \_\_\_\_\_ Relation to Skater: \_\_\_\_\_

### Office Use Only:

☐ Activation Fee: \$ \_\_\_\_\_ ☐ Multi-Family Discount (5%)



## Please Read Before Entering the Facility

As you may already be aware, COVID-19 is a highly communicable virus that can cause severe respiratory illness, sometimes leading to death.

Protecting our guests and employees is our number one priority. With that priority in mind, Icetown is taking numerous steps to reduce the potential for COVID-19 spread in this facility.

Some of these steps include enhanced cleaning and sanitation procedures as well as comprehensive physical distancing protocols.

For the health and safety of our employees and guests we ask everyone to follow the following rules:

- Wear a face mask when inside the facility. Athletes shall wear masks in the facility but can take them off while training.
- Do not enter the facility if you feel ill, have a fever or cough, or are short of breath.
- Do not enter the facility if you have been in close physical contact within the last 14 days with someone who has been diagnosed with COVID-19.
- Cover your coughs and sneezes.
- Abide by physical distancing rules by keeping 6 feet (about two arms lengths) away from others.
- Use hand sanitizer before entering the facility.
- If have a medical history that places you in a high-risk category for COVID-19, it is recommend no entry.

Even with these precautions in place, Icetown cannot eliminate all risk associated with COVID-19. By choosing to make use of this facility, guests are assuming the risk that they may contract COVID-19 at the facility despite Icetown best efforts to provide a clean, safe environment.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS, Ice Town, its owners, affiliates, agents and employees, and their successors and assigns ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to person or property to the fullest extent permitted by law.

Participant Name: \_\_\_\_\_ Parent/Guardian (if under 18) \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Date \_\_\_\_\_

RELEASE AND WAIVER OF CLAIMS AGREEMENT: I / WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I / WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.